

02-23-04

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PTO/SB/21 (6-99)

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# TRANSMITTAL FORM

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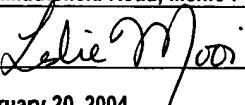
		Application Number	10/633,008
		Filing Date	JULY 31, 2003
		First Named Inventor	AVI ASHKENAZI
		Group/Art Unit	1641
		Examiner Name	UNASSIGNED
Total Number of Pages in This Submission	207	Attorney Docket Number	39766-0100 P1

## ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> <b>FEES TRANSMITTAL FORM</b> <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Version With Markings Showing Changes <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> <b>EXTENSION OF TIME REQUEST (2 MONTH)</b> <input checked="" type="checkbox"/> <b>INFORMATION DISCLOSURE STATEMENT WITH FORM PTO-1449 (12 REFERENCES)</b> <input type="checkbox"/> Certified Copy of Priority Document(s) <input checked="" type="checkbox"/> <b>RESPONSE TO MISSING PARTS/ INCOMPLETE APPLICATION</b> <input checked="" type="checkbox"/> <b>RESPONSE TO MISSING PARTS UNDER 37 CFR 1.52 OR 1.53</b> <input checked="" type="checkbox"/> <b>COPY OF NOTICE</b>	<input type="checkbox"/> Copy of an Assignment <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, by Assignee to Exclusion of Inventor Under 37 C.F.R. §3.71 With Revocation of Prior Powers <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request for Refund	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input checked="" type="checkbox"/> <b>PRELIMINARY AMENDMENT</b> <input type="checkbox"/> Additional Enclosure(s) (please identify below): <input checked="" type="checkbox"/> <b>STAMPED RETURN POSTCARD</b>
Remarks		

AUTHORIZATION TO CHARGE DEPOSIT ACCOUNT 08-1641 FOR ANY FEES DUE IN CONNECTION WITH THIS PAPER, REFERENCING ATTORNEY'S DOCKET NO. 39766-0100 P1.

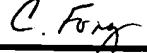
## SIGNATURE OF APPLICANT, ATTORNEY OR AGENT

Firm or Individual name	HELLER EHRMAN WHITE & McAULIFFE LLP 275 Middlefield Road, Menlo Park, California 94025		
Signature			
Date	February 20, 2004	Customer Number:	25213

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**FEET TRANSMITTAL**  
**for FY 2003**

Effective 01/01/2003. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 550.00)

**Complete if Known**

Application Number	10/633,008
Filing Date	JULY 31, 2003
First Named Inventor	AVI ASHKENAZI
Examiner Name	UNASSIGNED
Art Unit	1641
Attorney Docket No.	39766-0100 P1

**METHOD OF PAYMENT (check all that apply)**
 Check  Credit card  Money Order  Other  None
 Deposit Account:

Deposit Account Number **08-1641 (39766-0100 P1)**  
 Deposit Account Name **HELLER EHRLMAN WHITE & McAULIFFE LLP**

The Director is authorized to: (check all that apply)

Charge fee(s) indicated below  Credit any overpayments  
 Charge any additional fee(s) during the pendency of this application  
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

**FEET CALCULATION****1. BASIC FILING FEE**

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code (\$)	Fee Code (\$)		
1001 750	2001 375	Utility filing fee	
1002 330	2002 165	Design filing fee	
1003 520	2003 260	Plant filing fee	
1004 750	2004 375	Reissue filing fee	
1005 160	2005 80	Provisional filing fee	
<b>SUBTOTAL (1) (\$)</b>			

**2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE**

Total Claims	Independent Claims	Multiple Dependent	Extra Claims	Fee from below	Fee Paid
			-20** =	X	=
			- 3** =	X	=

Large Entity	Small Entity	Fee Description
Fee Code (\$)	Fee Code (\$)	
1202 18	2202 9	Claims in excess of 20
1201 84	2201 42	Independent claims in excess of 3
1203 280	2203 140	Multiple dependent claim, if not paid
1204 84	2204 42	** Reissue independent claims over original patent
1205 18	2205 9	** Reissue claims in excess of 20 and over original patent
<b>SUBTOTAL (2) (\$)</b>		

\*\*or number previously paid, if greater; For Reissues, see above

**FEET CALCULATION (continued)****3. ADDITIONAL FEES**

Large Entity Small Entity

Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
1051 130	2051 65	Surcharge - late filing fee or oath	130.00
1052 50	2052 25	Surcharge - late provisional filing fee or cover sheet	
1053 130	1053 130	Non-English specification	
1812 2,520	1812 2,520	For filing a request for ex parte reexamination	
1804 920*	1804 920*	Requesting publication of SIR prior to Examiner action	
1805 1,840*	1805 1,840*	Requesting publication of SIR after Examiner action	
1251 110	2251 55	Extension for reply within first month	
1252 410	2252 205	Extension for reply within second month	420.00
1253 930	2253 465	Extension for reply within third month	
1254 1,450	2254 725	Extension for reply within fourth month	
1255 1,970	2255 985	Extension for reply within fifth month	
1401 320	2401 160	Notice of Appeal	
1402 320	2402 160	Filing a brief in support of an appeal	
1403 280	2403 140	Request for oral hearing	
1451 1,510	1451 1,510	Petition to institute a public use proceeding	
1452 110	2452 55	Petition to revive - unavoidable	
1453 1,300	2453 650	Petition to revive - unintentional	
1501 1,300	2501 650	Utility issue fee (or reissue)	
1502 470	2502 235	Design issue fee	
1503 630	2503 315	Plant issue fee	
1460 130	1460 130	Petitions to the Commissioner	
1807 50	1807 50	Processing fee under 37 CFR 1.17(q)	
1806 180	1806 180	Submission of Information Disclosure Stmt	
8021 40	8021 40	Recording each patent assignment per property (times number of properties)	
1809 750	2809 375	Filing a submission after final rejection (37 CFR 1.129(a))	
1810 750	2810 375	For each additional invention to be examined (37 CFR 1.129(b))	
1801 750	2801 375	Request for Continued Examination (RCE)	
1802 900	1802 900	Request for expedited examination of a design application	

Other fee (specify) \_\_\_\_\_

\*Reduced by Basic Filing Fee Paid

**SUBTOTAL (3) (\$)**

550.00

**SUBMITTED BY**

(Complete if applicable)

Name (Print/Type)	LESLIE A. MOOL	Registration No. (Attorney/Agent)	37,047	Telephone	(650) 324-7000
Signature	<i>Leslie A. Mool</i>			Date	FEBRUARY 20, 2004

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